INVENTOR INFORMATION

```
Inventor One Given Name::      J. Alexander
Family Name::                  Marchosky
Postal Address Line One::      224 S. Woods Mill Road
City::                         Chesterfield
State or Province::            MO
Postal or Zip Code::           63017
City of Residence::            Chesterfield
State or Prov. of Residence::  MO
Country of Residence::         US
Citizenship Country::          US

Inventor Two Given Name::
Family Name::
Name Suffix::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::

Inventor Three Given Name::
Family Name::
Name Suffix::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::
```

CORRESPONDENCE INFORMATION

```
Correspondence Customer Number::      000321
```

APPLICATION INFORMATION

Title Line One::	PATIENT-CONTROLLED AUTOMATED MEDICAL
Title Line Two::	RECORD, DIAGNOSIS, AND TREATMENT
Title Line Three::	SYSTEM AND METHOD
Total Drawing Sheets::	11
Formal Drawings::	Yes
Application Type::	Utility
Docket Number::	JMA 2976.1

REPRESENTATIVE INFORMATION

Representative Customer Number::   000321

CONTINUITY INFORMATION

This application is a:: Non Prov. of Provisional

___Application One::	60/219,773
Filing Date::	July 20, 2000

which is a::	**Choose one:** Division of; Continuation of; Continuation in Part of; Non Prov. of Provisional; 371 of; Reissue of; Continuing Reissue of; Substitute for; Reexamination of
___Application Two::	S.N. (use ">" to designate generation)
Filing Date::	no more than 20 characters in any format

which is a::	**Choose one:** Division of; Continuation of; Continuation in Part of; Non Prov. of Provisional; 371 of; Reissue of; Continuing Reissue of; Substitute for; Reexamination of
___Application Three::	S.N. (use ">" to designate generation)
Filing Date::	no more than 20 characters in any format
Patent Number.::	no more than 13 characters

PRIOR FOREIGN APPLICATIONS

Foreign Application One::	no more than 15 characters
Filing Date::	no more than 20 characters
Country::	type out name of country
Priority Claimed?::	type "Yes" or "No"